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PTO/SB/21 (09-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 09/658,245 TRANSMITTAL Filing Date 09/08/2000 **FORM** First Named Inventor Lester D. Nelson Art Unit 2614 Examiner Name Hemant S. Patel (to be used for all correspondence after initial filing) Attorney Docket Number FXPL-01028U\$0 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC **|** Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC | ✓ | Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer below): Extension of Time Request Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Fliesler Meyer LLP Customer No. 23910 Signature -Miss Printed name Melissa L. Basch Date Reg. No. August 17, 2006 56,159 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Mail Stop Amendment Signature Date August 17, 2006 Elaine Fischman Typed or printed name

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Attorney Docket No.: FXPL-01028US0 mcf/fxpl/1028us0/1028us0.trans.pdf

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AUG 1 7 2006

PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818),				Complete if Known				
	'	Application Number 09/658,245						
FEE TRANSMITTAL For FY 2006				Filing Date		09/08/00		
				First Named In	ventor	Lester D. Nelson		
C Applicant elei	17	Examiner Nam	é	Hemant S. Patel				
Applicant claims small e		s. See 37 CFR 1.	21	Art Unit		2614		
TOTAL AMOUNT OF PAYM	ENT (\$)	450.00)	Atlomey Docke	et No.	FXPL-01028	BUS0	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Nonc Other (please identify):								
Doposit Account Deposit Account Number: 06-1325 Deposit Account Name: Fliesler Meyer LLP								
For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card								
information and authorization o								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARC				A) - ====	-V.	UNIATION EECO		
	FILING I	mall Entity		CH FEES Small Entity		VINATION FEES Small Entity		
Application Type	<u>Fee (\$)</u>	Fee (\$)	Fee (\$	Fee (\$)	Fee	(\$) Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	0 100		
Deşign	200	100	100	50	130	-		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600			
Provisional	200	100	0	0	(0		
2. EXCESS CLAIM FEES Fee Description	3					Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (in	cluding R	eissues)				50	25	
Each independent claim over 3 (including Reissues)						200	100	
Multiple dependent cla						360	180	
	xtra Clain	15 Fee (\$)	<u>Fee</u>	Paid (\$)			ependent Claims	
10 - 20 or HP = HP = highest number of total of	O Jaims paid fo	I greater than 20.	- =	_0		<u>Fec. (5)</u>	Fee Paid (\$)	
	xtra Clain		Fee	Pald (\$)				
2 - 3 or HP =	<u>0</u>	X		_0				
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fcc (no small entity discount) Fees Paid (§								
Other (e.g., late filing surcharge): 2-month extension of time \$450								
Outer (e.g., tate filing s	surcharge,	. Z-monur exte	://SIO/I	OI BILLA			<u>\$45U</u>	
UBMITTED BY								

SUBMITTED BY							
Signature	war	Registration No. 56,159	Telephone 415.362.3800				
Name (Print/Type) Melissa L. Basch			Date August 17, 2006				

This collection of Information is required by 37 CFR 1.136. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Potent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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